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APPLICANTS

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** CONTINUING DATA *****

No con data

** FOREIGN APPLICATIONS *****

No Foreign data

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/29/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Allowance</i>	CA	8	26	5

Examiner's Signature *[Signature]* Initials *[Initials]*

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TITLE

Partial key hashing memory

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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